

AN APPROACH
TO COUNSELING THE DRUG ABUSER

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WRITING REQUIREMENT
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INTRODUCTION

There probably is no area of greater concern within the military today than drug abuse. So much has been written and said that I hesitate to attempt to say anything further. However, I do emphatically feel that I have some additional imput. For three years, while in Europe, I participated in almost every imaginable experiment and program concerning drug abuse. For much of that time, my efforts were negligible, to say the least.

My first real venture into the area began as a collective effort between myself and a young medical officer who, I discovered, had the same interest in drug abuse that I did. His interest, however, was more of a research nature as opposed to counseling. I will not go into detail about our efforts but will merely say that we finally succeeded in beginning a program of testing, research, and counseling in the drug abuse field. The "Now" House, as we called our venture was the very first of its kind in Europe; and opened the door to a whole new concept of attempting to work with the drug abuser. The broad premise and program was designed to spot abusers through a daily sick call held by the doctor, educate the abuser, and then counsel and work with him. Additionally, in a broader perspective, it was designed to use former abusers as peer counselors. We set up the counseling program, utilizing many qualified lay people in the area as well as the former users.

On paper, the program looked outstanding and attracted widespread attention. However, it just wasn't producing any real returns.

The abusers were still using drugs; a few were cutting down but stopping was completely out of the question. I became fairly disillusioned with the attempt at the "Now" House. My disillusionment came partly through the failure of the total educational approach which had been constantly introduced as a type of panacea to the drug question. The educational premise was that drug abusers merely had to be educated to the possible dangers of drug use; they would in turn see the error of their ways and immediately stop their abuse. Nothing could be further from the truth.

Almost simultaneously with the "Now" House experiment was another small body of former users, even some former clients of the "Now" House, who became involved in yet another type of experience in attempting to resolve their drug difficulties. This small band of GIs were rigorously trying to interpret a personal religious experience. I realized immediately that something was really happening with these young soldiers. Most of them had been the entire drug route. Now, they no longer had any drug dependency, felt any need for old companions, and had become quite evangelistic in their efforts to extol their positions. I realized that here were some real allies in fighting the drug abuse problems. The "Jesus Movement" in the U.S. was already accepted as a modern day phenomena and here was a miniature movement ready to be channeled into dealing with this vast problem of drug abuse. Eventually, a Coffee House was begun which further served to channel the energies of these young Christians. The Coffee House story becomes a saga all its own. These Coffee House participants were to become the cornerstone of a counseling ministry to many many drug abusers.

It is my hope that I will be able to present a highly individualistic counseling approach which will provide some new input. I will attempt to speak to Chaplains, not as an authority, but merely with a testimony of an approach that has been helpful to me. I will introduce a counseling technique which is relatively new to Chaplains: Rational Emotive Psychotherapy: attempt to explain some of the basic principles of it, tell how it can be used with drug abusers, and briefly discuss the use of peer counselors. Additionally, I will make a few opening remarks about recognizing the drug abusers.

Being a military Chaplain is a marvelous experience. However, in keeping with the "Calling", some things have to be implied on my part. Throughout my writing about counseling the drug abuser, I hope will come the implied connotation that I am a Minister. Although I am dealing with an admitted secular counseling approach, the implication of my faith is always operative in working with the drug abuser in attempting to bring him to a point where he can grasp some of the principles of this faith. The Chaplain is a counselor. As long as he is present in the military, he will have to fulfill that role. Behind it all, regardless of the approach he takes, this personal faith will come through.

THE CHAPLAIN AS COUNSELOR

It is indeed a tragic feeling to know that many young GIs are using drugs. At least from my direction and perspective, it's tragic. However, all these can't be forced into the office for caunseling, and even without them, there are more who come into the office than can possibly be handled.

In the military, drug abusers come for counseling for many dif-

ferent reasons. Some of them are sent by their supervisors. These are the tough ones but not necessarily unreachable. One of the reasons that they are more difficult is that, for many of them, it is the end of the road. It is at this point that the counseling of the drug abuser is indeed a life or death situation. For the abuser, the Chaplain's door becomes the last one that is open to him. Many of these young GIs have been in trouble, been hospitalized, been counseled by the psychiatrist, the social worker, and now the Chaplain. As a rule, the Chaplain has talked with them before and knows something about their activities; but they are now here in a formalized counseling setting. For most of these, the next step is separation from the Army as unfit or undesirable.

The second group of drug abusers who come as counselees are those who honestly seek help. Many times they come with another problem, or at least what they think is a problem, and later we discover together that much of the problem has to do with drugs. Certainly, there are other problems, often deep seated ones, and drugs are symptoms. However, at this point, the drug abuse must be addressed. Often the abuser doesn't realize the graveness of his situation, nor does he care; the Chaplain must care. For the Chaplain, counseling the abuser is of utmost concern. In addressing the problem, the military has attempted to develop broad programs that speak to large segments of the military population. In the final analysis, however, it becomes an individual problem and therein lies the problem; dealing with the individual .

To say that the Chaplain is a counselor is an accepted fact; and I don't believe it would be presumptuous to say that, by and large, he is a knowledgeable one. The day has already arrived when the military

Chaplain can place his counseling credentials along beside those of almost any other professional. Many active duty Chaplains now have graduate degrees in counseling or related fields where they have been taught the basic theories and techniques of counseling and other formal courses which relate to the counseling profession. To most Chaplains, terms such as pastoral care, counseling and psychotherapy have become so interrelated that there is no distinguishable difference between them. This fact has become a reality because many of the Chaplains have received their degrees from secular institutions who prepare their students for a variety of potential jobs in counseling and related fields. Therefore, the Chaplains who attend these schools receive the same broad education.

Presently, the U.S. Army Chaplain's School, located at Fort Hamilton, New York, has embarked on a very innovative and imaginative program of cooperating with a local University in allowing the Chaplain students the opportunity to earn a graduate degree in Counseling or Sociology. Almost all Chaplains in attendance are availing themselves of this opportunity. Also, with the continuing emphasis on Clinical Pastoral Education, the counseling skills are continually being sharpened; and the formal tools of psychology, psychotherapy, and psychiatry are now much in use by the military Chaplain.

The Chaplain knows about the Rogerian approach, he knows the language of Transactional Analysis, he knows about Reality Therapy, Integrity Therapy, and is familiar with the broad theory of Freudian Analysis and Behaviorial Psychology. However, he has been taught almost nothing about Rational Emotive Psychotherapy. Why?

I surmise that there are several reasons, and I'll not take the time to enumerate all; however, for my purpose, it is essential that I establish the theory as a creditable one. Dr. Albert Ellis, its founder, is a Clinical Psychologist who has been a practicing therapist for over two decades. He is the Director of the Institute for Advanced Study in Rational Psychotherapy and has published over three hundred and fifty papers for various journals and publications; edited or authored over thirty books. The Institute, located in New York City, encompasses a wide scope of activities and services to the community as well to scores of other people. Dr. Ellis appears to be somewhat of a maverick among his fellow therapists; several of his articles have been published in so-called adult magazines and this has apparently angered many of his fellow therapists. Also, due to his strong feelings about religion, he hasn't been too well received by the religious community. However, these intolerances certainly do not negate the theory or technique. Patterson's book,¹ which has almost become a standard text in teaching basic techniques of counseling, includes Rational Emotive Psychotherapy (RET) in the Behaviorist Group of theories and gives it a fair treatment. Also, several major American Universities have strong adherents to this approach on their faculties and are actively presenting it as a creditable counseling tool. On a very personal level, I have communicated with Dr. Ellis concerning his theory and found him to be an interested counselor concerned with personal growth of all kinds.

One of the reasons that I am most anxious to introduce RET to my fellow Chaplains is that it is tailored to the counseling ministry of the

1. C.H. Patterson, Theories of Counseling, New York: MacMillan Company, 1967.

Chaplain. Much of our counseling is short term. As a rule, we get one or two opportunities with a young GI and that's it. In this brief period we must do as much for him as we possibly can. It is my contention that RET enables us to help him to help himself more than any other counseling technique.

Counseling young GIs involved with drugs, however, is a very intricate process and the beginning point comes in the recognition of the abuser. At this point, I want to discuss this very process of recognition.

RECOGNITION OF THE DRUG USER

Many times this fact becomes the least important and yet in the total picture, it is important. Much of the recognizing ^{of} drug users is really intuitive and comes after a lot of practice and daily association. As one former user said, "if a guy has been smoking or using dope, he just mirrors it." It becomes almost impossible for one drug user to fool another or a former user. After being around a lot of users, it becomes fairly simple to detect them. I have discovered a great deal about the whole drug scene while being associated with the unit in Germany.

First, very few people, especially within the military command structure, understand very much about who is involved in using dope. This certainly is not an indictment upon the military. It is merely saying that drug usage is a fairly new concern for the military and the educative process concerning it is still going on. I'll never forget talking with a young commander who declared vehemently that, as far as he knew, only a small number within his unit were using drugs. While visiting his area one day, I counted about ten in the immediate vicinity as being definitely high. Many times, some of the most responsible people in the unit will be definitely involved with drugs in varying degrees.

The vast majority of the time, these people will be doing their jobs and doing them fairly well. Secondly, officialdom in military circles get their information concerning dope usage from medical channels. The medical people have the hospital admissions and mental health sources as their authority. However, I have found that the mental health sources, to include psychiatrists, have a very limited clientele and their knowledge of the GI drug culture is limited. Usually their counselees are referrals for potential board action or disciplinary reasons.

One of the best ways to detect drug involvement is sheer observation. If you are around the same people often and long enough, you can observe telltale signs that are evident. For instance, a weight loss that is quite apparent is a hunch that drug involvement is suspected. Some time ago as I was crossing the street, I saw a young soldier approaching. I had known him for about six months but as I looked at him, apparently he had lost about thirty pounds. I said, "Bill, you're smoking a lot, aren't you?" Bill, without batting an eye, conveyed that he was smoking about 50-100 grams of hashish a month. His color wasn't good, his eyes were hollow and his weight loss quite apparent. I asked Bill to come in and talk sometime and he said that he would.

A straight forward approach isn't always best. So much has to do with rapport with individuals, being known, and of course, being a Chaplain doesn't hurt. There are, as I pointed out, many outward signs that lead me to suspect Bill as a drug user. He was quite lethargic and walked quite lazily. He will eventually get into bigger trouble or seek help. I took a risk and reached out to him. In this case, he accepted it.

Another way that a more moderate drug user can be pinpointed is often by his eyes. This is a good mirror especially within a couple of hours after smoking a bowl of hashish or marajuana. The pupils become somewhat dilated, eyes become glassy and occasionally they appear almost fixed. However, these conditions may exist for some other reason so assumptions can't be drawn too quickly. If, after four or five hours, the condition has significantly changed, it is fairly safe to assume that you were right.

However, what good is being able to recognize the drug user. You will have to decide that for yourself. It can aid you in talking with an individual especially if he is really strung out. In these cases, there is little use for you to talk with him. You usually can't get through to him so you are wasting your time. If you can positively recognize when an individual is high, you save yourself a lot of time.

Also, if you can easily recognize a drug user, it will help you put your relationship with him in the proper prospective. It has been my experience that a heavy user will cease to care what the Chaplain thinks of him or what anyone else thinks of him with the exception of his head buddies. The moderate to heavy user will still view the Chaplain as an authority figure and will be concerned about what he thinks while continuing to rationalize his actions. The light user will probably regard the Chaplain highly and offer the best opportunity for counseling.

Recognition also helps in spotting the dope dealer. This is very important because he is a central figure in the whole structure. As a rule, he is a middle dealer who isn't making a great deal of money. He is just working for someone else to pay for his own dope. I will never

forget a Staff Sergeant that I came to know fairly well. I could not figure out why he was so friendly to me when we were casually talking and yet when I help a class in his unit, he was terribly hostile and tried to verbally shoot me down. This was especially true when we were having any discussions about drugs. One day, we were casually talking and I realized that he was high. All of a sudden it came to me. I had never suspected it before; he was dealing dope and for this reason he was very defensive. My remarks were very threatening to him and could possibly be damaging to his business. Later, he was busted with a large amount of hashish in his car.

Another reason recognition is so important is to be able to recognize the hard drug users. The vast majority of those that I have been talking about are casual or soft drug users. However, there are hard drug users around. Fortunately, they make up a small part of the user population. In the military, the hard drugs are heroin (skag), mescaline, cocaine, and LSD or acid.

Then, there are drug users that are "high freaks". They will do anything to get high. One doctor tells of a fellow who shot peanut butter into his veins. Among the hard drug users, the rush is important. Some will inject lukewarm water into the veins, just anything for the rush. These individuals have to be spotted and separated and helped as quickly as possible. In the military setting where living is close, the hard drug user can have a devastating effect upon those around him. He will feed his habit; that becomes all that is important to him; stealing, lying, cheating become a way to live.

This individual must be removed as soon as detection is possible. Usually this type of detection will come through word of mouth from one of his buddies.

One drug that is extremely difficult to detect is LSD. Contrary to popular opinion, flashing lights and way out music aren't always present. Some users can, while dropping acid (LSD) perform their regular duties and go about normal activities. However, the difficulties arise when its effect becomes totally unexpected. Flashbacks are a part of scientific evidence and a person can become totally disoriented while under the influence of LSD and can do some wild things. Small things can become major items of importance. He can have a thousand good trips and for no apparent reason have a really bad one. One day I went into the Mess Hall to eat and just as I walked in, I heard a loud commotion in the kitchen. Someone said, "Willy has gone crazy." When I went into the kitchen, he had a meat cleaver and was swinging it at everything. Later, I discovered that he was on acid and just went berserk. By his own admission, he told me that he had done the same identical thing a hundred times and nothing had ever happened.

There are certainly other indicators of drug abuse beside those that I have mentioned. Much literature has been produced concerning drug abuse and recognizing the user. Psychiatrists, psychologists, medical doctors, mental hygenists, and others are useful resources in helping to pinpoint drug abuse.

I would like to present a fairly academic concept of Rational Emotion Psychotherapy (RET). Inserted throughout the presentation will be various references to the drug abuser and how he fits into the coun-

seling approach. I will terminate the discussion with the two typical counseling interviews.

THE THEORY AND PRACTICE OF RATIONAL EMOTIVE PSYCHOTHERAPY

Rational Emotive Psychotherapy as defined by Dr. Albert Ellis is based on the belief that man can live less anxiously and in a less self-defeating manner by changing his irrational beliefs or philosophies. Rational Emotive Psychotherapy helps the individual to become aware of and vigorously challenge the self-defeating ideas that he has internalized and is at present reindoctrinating himself with as an integral part of this process. Rational Emotive Psychotherapy focuses directly on positive behavior change.²

RET accepts the fact that human events are largely controlled by factors beyond the individual's will, but believes that the human being has the possibility, difficult though it may be, of taking action now which will change and control his future.³ This recognition of the ability of the individual to determine, in good part, his own behavior and emotional experiences is expressed in the A-B-C theory of personality incorporated in Rational Emotive Psychotherapy: A is the existence of a fact, an event, or the behavior or attitude of another person; C is the reaction of the individual emotional disturbance or needless unhappiness which is presumed to follow directly from A. However, it is not A which is the cause of C, but B, which is the self verbalization of the individual about A. His definition of interpretation of A as awful, terrible, horrible, etc. is

2. Albert Ellis. Reason and Emotion in Psychotherapy, (New York: Lyle Stuart, Inc., 1962). Chapter III.

3. Ibid.

determined at B, what he told himself about A; and has actually caused a great deal of negative feelings at C.⁴ This actually sounds a great deal more complicated than it is. It is relatively simple if we'll think about it for a moment. The recognition of this relationship leads to the possibility of changing and controlling one's attitudes and behavior in reaction to circumstances.

BASIC TENETS OF RATIONAL EMOTIVE PSYCHOTHERAPY

In order to fully understand RET, it would probably be helpful to understand how Dr. Ellis came to develop his theory. He was trained as a psychotherapist in the traditional manner, spent several years in Berlin being trained by an analyst who had been trained by Jung, and later entered into the Karen Horney school. He set up his own practice in the traditional manner using the tools of analysis which these three schools had taught him. After some time, he discovered that his patients weren't making a great deal of progress; if there was any progress at all, it was quite gradual. He then began to modify his approach somewhat, making it more directive and his patients began to show considerable progress. Still, he was not satisfied. It was through his dissatisfaction that he began to delve back into philosophy which had earlier been one of his fervent interests. He discovered that the early Stoics, in particular, had attempted to train people in their schools to think properly. As he continued to gain more and more evidence in this sphere, he began to formulate his idea and thereby came to develop his theory that people can be trained to think properly and rightly, just as the early Stoics had trained people in their time.

⁴ Albert Ellis. Reason and Emotion in Psychotherapy. (New York: Lyle Stuart Inc., 1962). Chapter III.

5. Albert Ellis. Speech to Veterans Hospital, Ft. Meade, South Dakota, October 8, 1962.

There are two main irrationalities and philosophies with which man has indoctrinated himself according to Dr. Ellis.

1. Man is other directed and other oriented. Man is a highly dependent individual. This fact is easy to understand because we grow up for several years having to depend on others for subsistance and in almost every aspect of living. Unfortunately, what happens so often is that persons continue to be dependent and end up at thirty or forty running around as dependent children. The young soldier continually indoctrinates himself with this type of attitude. They come in and we walk with them about their problems and all of a sudden they say, "I have to do it because everybody else is doing it." (other oriented). It is pretty easy to see this concept here. There is a lot of peer pressure and I'm not sure we can afford to underestimate it. It may be of a greater influence in the total drug picture than we can possibly know. However, within this is the concept of being other oriented.

2. Man has little tolerance for stress. He just cannot stand frustration. He must have what he wants when he wants it. Dr. Ellis states that our society with its parents are prime culprits in teaching these beliefs, and we grow up thinking that we can get anything that we want. Dr. Ellis says that man can train himself to accept that in life we don't always get what we want; and we can stand it.⁷ We see young soldiers all of the time who say, we hate the Army; it is terrible; I can't stand being away from home; the people aren't nice to me; I have to do the things I don't want to do; and I can't stand it." RET would say to this young soldier that there are certainly many things that are bad, and we don't like them but we can stand them. This isn't to say that we must have a blind acceptance to unfavorable

2. Ibid.

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conditions that might exist. It is merely to say that one needs to take a realistic look at the total picture and understand that frustrations can be tolerated. A more rational approach would be, admittedly, to say that the situation is difficult, there are restrictions, everyone around isn't the nicest sort, but the situation can be tolerated.

Many times the young soldier lives in an "I can't stand it" world. He tells himself over and over again that the only way he can bear it is to get high. He rationalizes this action for so long that he actually does believe it. This, I have to point out to him, is what he is doing and the attitude that he has adopted. He doesn't have to be this way; He can retrain himself to think another way, to think correctly. It isn't easy but it can be done. If he will realize what he is doing, how he is indoctrinating himself with this erroneous philosophy and accept that he must attack this irrational and illogical belief⁸, he will be able to change.

For example: there are two individuals who live in the barracks. Both of them have the same type of job, both are subject to the same rules and regulations. One says that he can't stand all this harrassment, therefore he must take drugs to be able to stand it. The other says that he doesn't like the Army, its restrictiveness, etc., but he can and will stand it, make the best out of it. The difference is the response made by the individual. One says that he can't stand it and the other says that he will stand it. The difference lies in these two individuals and their responses to the same situation.⁹ According to RET, one is a

⁸Albert Ellis. Reason and Emotion in Psychotherapy. (New York: Lyle Stuart Inc., 1962) Chapter III.

⁹Ibid.

sane, rational and logical response and the other is irrational, illogical in response to the same situation.

Additionally, RET teaches that the only way a person can make any progress is through hard work. Insight may help but only through hard work can a person change. A drug user may have insight into his behavior but he continually does what he is doing and defeats his own end. He can be shown how he is defeating himself and shown that he cannot continue to take drugs without possible detrimental effects. If he does continue, he may cause himself permanent physical damage or get into serious difficulties. If the drug user admits that these are possibilities, the goal will become discontinuing his use of drugs. This is very hard work
10 and he must realize this.

RET is a conative type counseling approach. Conative meaning that the counselor and counselee work on the problem together attempting to find some relief for the counselees difficulties. The responsibility for the solving of the problem, however, rests squarely upon the counselee. The counselor's biggest role in RET, by pointing out certain things for the counselee, is to attempt to help him focus on positive behavioral changes.¹¹

RET is a form of teaching. Just as a teacher would teach biology or math, one must teach the basic tenets of RET. Once an individual has learned the basic principles, he can see for himself what he is doing and vigorously challenge the irrational and illogical beliefs.¹²

A first session might go something like this:

Chaplain: Come on in and sit down, Mike.

10. Albert Ellis. Reason and Emotion in Psychotherapy. (New York: Lyle Stuart Inc., 1962). Chapter III.

11. Ibid.

12. Ibid.

Mike: I've been trying to see you for several days.

Chaplain: You must be pretty concerned about something then?

Mike: I'd say so. I just don't know what is wrong with me anymore. I just can't hack it.

(He is constantly fighting, crossing his legs, and displaying various kinds of nervous mannerisms.)

Chaplain: Yes.

Mike: The lifers are hassling me. It looks like I am going to get an Article 15. It really isn't my fault either. The First Sergeant is after me. That's not the real problem, though. My dad is in the hospital and my mother just can't make it with my brothers and sister to take care of. She's not well either. She just got out of the hospital. Besides, my brother is already acting up and my mother can't handle him. He'll listen to me, though. I've got to get out on a hardship.

Chaplain: Mike, this sounds bad. What seems to be wrong with your dad?

Mike: I don't know. He's just bad.

Already I'm beginning to get some indication of Mike's problem. For instance, he is just nineteen. He joined the Army. He doesn't know what is wrong with his Dad, he doesn't know what is wrong with his mother now or when she was sick. His younger brother is fourteen and Mike admits that he just has a feeling about his getting into trouble. Although he doesn't appear to be high at the time, his eyes are somewhat hollow and he looks fairly unkept.

Chaplain: Mike, did you enlist in the Army?

Mike: I wanted to get out of the way. My Dad thought it would be a good idea. (This indicated that Mike was having difficulty at home). A young man has trouble at home, he escapes into the service; things get tough

and then he wants to escape into civilian life, a never ending circle of escapism.)

Chaplain: And you've found it hasn't been what you thought it would be.

Mike: Man, that's right. People always telling you what to do, always hassling you. I can't stand it. I've got to get out. How about a 212? (a discharge less than honorable.)

Chaplain: I was under the impression you were talking about a hardship? (I feel I must zero in at this point.)

Mike: Yeah. But, I've got to get out and I don't care how I do it.

Chaplain: Let me see if I understand you, Mike. You just want out. Your Dad may be sick and your mother may be having trouble with your brother but even if they weren't, you still would want out, right?

Mike: Right. I've got to get out. I can't stand it. I don't like the barracks. I don't like the people I work with. I can't stand it. (no tolerance level for stress, can't stand frustration.)

Chaplain: How long have you felt this way, Mike?

Mike: Well, it's just gotten to me lately. The lifers are hassling me. It just gets to you.

Chaplain: It is tough, at times, I admit. If you were on the outside, don't you think it would get tough also? Don't you think you would see some of these things?

Mike: Yeah. But not like in here. Man, it's a hassle. I can't stand it.

Chaplain: Maybe you're focusing in on all of the negative things. What about some of the positive things?

Mike: There are no positive things. I can't speak the language. I don't like the Germans. The Germans don't like us. What a hassle.

Chaplain: Mike, you surely don't like some of these things. You wish they were different and there's almost no way you can change what already is. You have to stand some of these things.

(At this point, I zero in pretty hard. I am almost sure he is involved with dope. I am about to hit him with it. Also, in all probability, he was sent to me by his superior as opposed to his coming on his own.)

Mike: yeah. I guess you're right. (At this stage, he is trying to cop out on me. He is acquiescing and escaping from me.)

Chaplain: You don't really believe I am right, do you? Now, let's be honest.

Mike: Chaplain, I'm trying to tell you, I have got to get out of here.

Chaplain: Mike, I said, let's be honest. There are a lot of other things involved, aren't there? How much hash are you smoking? (I felt that I had enough indications to jump right in and also, I had to take the chance as he was becoming very uncomfortable and wanted out of the situation.)

Mike: What makes you think I'm smoking? (His face is somewhat flushed)

Chaplain: (I talk to him straightforwardly about drugs and what my experience in working with individuals involved in drugs has been). It has been my experience when an individual reaches the stage where you are, many things are involved in your decision to get out of the Army.

Mike: Well, everybody's doing dope. You know that. Besides, it doesn't hurt you any. (Other oriented, drug users have a tendency to think that just because they are using drugs, everybody else is doing it.)

Chaplain: Yes, Mike. I hear you.

Mike: It doesn't hurt you. I couldn't stand the Army as much as I do if I didn't smoke. It's the only way to get away from the lifers.

Mike is typical of almost all drug users. The procedure at this stage would be to continue to try and point out how illogical his deductions are and that most of his philosophies are basically irrational having no basis or fact. With an individual like Mike, counseling is tough sledding.

Usually the approach would be to contract with him for several visits. I'll tell him at the beginning that he can't miss any of the sessions and if he attempts to, I will have to know why. During these five sessions, I will continually point out to him how illogical his thinking is and how it is producing his behavior. I would go into more detail about what he is telling himself to create his feelings and how he must attack these thoughts that are producing his feelings. At the end of his five sessions, we would decide whether to continue or not. It is surprising how much progress an individual can make during this time. Another step at this time is peer counseling which I will discuss at a later time.

A typical second type of counseling session which is usually easier due to the voluntary presence of the counselee.

Joe: Chaplain, I'm upset about something.

Chaplain: What seems to be the trouble, Joe?

Joe: I want to be a Christian and go to church but I've gotten so far away from it all.

Chaplain: What happened?

Joe: Well, to tell the truth, I guess I have gotten into the wrong crowd. Oh, I am surely doing a lot of things I shouldn't be doing. (He is visibly upset and emotionally troubled.) I've been involved with drugs. I

don't want to be but I can't seem to help it. (He continues to talk about his involvement and how he is sinning.)

Chaplain: Joe, I am sure you've been taught about God's forgiveness. I think you need to concentrate now on the fact that it is always available. (I try to talk to him about God's willingness through Christ to accept us when we fail.) Let's talk about your religious experience, shall we? (After we discuss Joe's religious background, I am able to ascertain his own level of understanding.) Joe, let's talk about your involvement with drugs and how you arrived to this. (After talking about this for some time, I discover that Joe is guilty of the same irrationalities that Mike is. Although they are vastly different personalities, coming from vastly different backgrounds, they share a lot of commonalities--human beings and organisms practicing a lot of self defeatism.)

In attempting to explain RET, I do not labor under any false allusion that I have done a thorough job. I may have ended up making it appear much more complex. It is a simple and practical theory. However, I would suggest the reading of two books, A Guide to Rational Living and Reason and Emotion in Psychotherapy. Both are by Dr. Albert Ellis and can be obtained through his Institute for Advanced Studies.

RET is a theory that must be learned thoroughly. There is a scientific and philosophical basis behind it and to fully understand the theory, this must be realized. I have observed that persons who do not adequately understand the theory are prone to oversimplify it: "RET is just an advice giving technique." Nothing could be further from the truth. RET is a cognitive counseling approach wherein the counselor is actively involved in working through problems with the counselee.

In keeping with my original purpose of providing some additional input,

I want to conclude with the practical concept of using the available resources of former drug users. I have discovered that almost all successful treatment programs in the drug field are presently actively employing individuals who have personally been heavily involved as a user or a participant in the field: for example, ~~AA~~onymous. Therefore my concept of peer counseling is certainly no innovation.

THE DRUG ABUSER AS COUNSELOR

I would loosely define peer counseling in this setting as a rehabilitated drug user who counsels out of his own experience as opposed to formal training. In some circles, they would be called paraprofessionals. Most evidence indicates that the drug culture in the military is almost nonpenetrable by the outsider. Available knowledge of its modus operandi is almost nonexistent; for those of us who do occasionally get glimpses inside, there is still a long way to go in fully understanding the thinking of those who make it up. This is not so with the rehabilitated user, he's been there. For example, authorities may attempt to convince a public ignorant of this culture that marihuana doesn't lead to the hard stuff; this is not so with the rehabilitated user who has gone the entire route. This fact is one of the reasons that peer counseling becomes effective. The facade is immediately stripped away when the former user talks with the present user. To someone outside the culture, the user can easily string you along for awhile but not so with the former doper. It has been quite a revelation to me to listen to conversations between the user and former user regarding drugs. There's no chit chat or niceties and within minutes the two are down to the "gut" level. When a young man using drugs comes into me, I find it to be quite helpful to introduce him

to a member of the Coffee House group after he has made some progress. Most of the peer counselors I have used are former drug users who have gotten active in the Coffee House, committed their lives to Christ and been taught the basic principles of RET. In the instances where this procedure has been followed, the success has been exceptional. The procedure is quite simple.

After the person has made the initial contract, a complete explanation is given to him and intense effort is made to insure that he understand that his cooperation is vital. With few exceptions, the drug user will consent to give this a try. At this point, the peer counselor is introduced. A full explanation is given regarding him: he is a former drug user, he has committed his life to Christ and is now actively involved in helping others whom I involve him with through my office. The peer counselor, it is further explained, will seek him out inviting him to the Coffee House and, in general, attempting to become friends. A close check on the relationship will be made. All attempts will be made to be realistic about this approach without being negative--emphasizing problems will arise or the prospects of bad relationships.

Usually, five peer counselors are kept available. These five are involved with approximately twenty people. A meeting is held once a week with the peer counselors where a discussion insues regarding progress of individuals, potential problems. A large segment of time is reserved for prayer together. The spirit of concern and pray among these young Christians is remarkable: it is one of real total commitment. To reemphasize, in the instances where the above circumstances have been operable, the success has been just short of miraculous. Many of these users, become former users and begin to take a very active part in the Coffee House and Chapel

community. Some of these have become counselors themselves. In addition to meeting with the peer counselors, I attempt to meet weekly with all people involved in this program . At these meetings, an attempt is made to reinforce the principles of RET and the underlying concept of the Christian community and dependence upon the power of Christ in the person's life through the working of the Holy Spirit.

It is very easy for me to understand all the questions that could be brought to my attention regarding the use of RET. However, my very simple contention is that as a Christian minister, my use of a secular method of counseling is merely a tool in seeking to bring any individual into a full and complete relationship with the Lord Jesus Christ.

Conclusion

It is my only hope that I have made some contribution to the thinking of my fellow Chaplains who are working in this area of drug abuse. In a sense, if we are in the military, we are all working in the area. Regardless, it is a great calling and I wish you luck in your efforts.

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